

Trent Vale Infant and Nursery School and Beeston Rylands Junior School

POLICY for Intimate Care at The Trent-Rylands Federation

INTRODUCTION

- **THIS DOCUMENT IS** a statement of the aims, principles, and strategies for the INTIMATE CARE at The Trent-Rylands Federation
- IT WAS DEVELOPED in 2006 through a process of consultation with staff and governors
- IT WILL BE continuously reviewed, updated, and approved by the Governing Body, Headteacher and staff
- This policy will be REVIEWED ANNUALLY

Date of review	Summer 2024	Autumn 2025	Autumn 2026	
Signed				

1.0 Introduction

- 1.1 Staff who work with young children or children who have special needs will realise that the issue of intimate care is a difficult one and will require staff to be respectful of children's needs.
- 1.2 Intimate care can be defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with, or exposure of the genitals. Examples include care associated with continence as well as more ordinary tasks such as help with washing or changing into PE kit.
- 1.3 Children's dignity will be preserved, and a high level of privacy, choice and control will be provided to them. Staff who provide intimate care to children have a high awareness of child protection issues. Staff behaviour is open to scrutiny and staff at The Trent Rylands Federation work in partnership with parents/carers to provide continuity of care to children wherever possible.
- 1.4 Staff deliver a full personal safety curriculum, as part of Personal, Social and Health Education, to all children as appropriate to their developmental level and degree of understanding. This work is shared with parents who are encouraged to reinforce the personal safety messages within the home.
- 1.5 The Trent Rylands Federation is committed to ensuring that all staff responsible for the intimate care of children will always undertake their duties in a professional manner. Trent Vale Infant and Nursery School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

2.0 Our approach to best practice

2.1 All children who require intimate care are always treated respectfully; the child's welfare and dignity is of paramount importance.

- 2.2 Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.
- 2.3 Staff will be supported to adapt their practice in relation to the needs of individual children. Wherever possible staff who are involved in the intimate care of children will not usually be involved with the delivery of sex and relationship education to these children as an additional safeguard to both staff and children involved.
- 2.4 There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.
- As a basic principal children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for children as appropriate to suit the circumstances of the child. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.
- 2.6 Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care.

Where possible one child will be cared for by one adult, unless there is a sound reason for having two adults present. To protect both staff and children from malicious claims the following procedures are in place: -

- Children who are dependent on an adult for their personal care or who developing independence will have an Intimate Care Plan that is agreed and signed by parents/carers.
 See Appendix A
- Children in nursery who are toilet trained but who have an 'accident' in school will be taken by a member of staff to the nursery disabled children's toilet. The member of staff will inform another member of staff of what they are going to do. The child will be shown into the toilet area where they will be given appropriate clean clothes. The member of staff will remain in the outer area of the toilet. If the child is not able to dress or clean themselves the member of staff will help to clean and dress the child. The child's soiled clothes will be bagged to be taken home or disposed of according to the disposal of clinical waste procedure.
- Children in full time school who are toilet trained but who have an 'accident' in school will be taken by a member of staff to the children's toilet area/disabled toilet, where they will use a toilet cubicle or the hygiene suite. The member of staff will inform another member of staff of what they are going to do. The child will be shown into the toilet area where they will be given appropriate clean clothes and wipes to clean themselves. The member of staff will remain in the outer area of the toilet. If the child is not able to clean themselves then the member of staff will help clean the child. The child's soiled clothes will be bagged to be taken home or disposed of according to the disposal of clinical waste procedure.
- Staff will wear disposable gloves and, if they feel it is necessary, an apron, when they are intimately cleaning a child.
- All intimate care undertaken will be recorded on the 'Intimate Care Record'. See Appendix B
- 2.7 Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a small rota of carers known to the child who will take turns in providing care. This will

ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

2.8 Parents/carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the child's Intimate Care Plan. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

3.0 The protection of children

- 3.1 Education Child Protection Procedures and Inter-Agency Child Protection procedures will be accessible to staff and adhered to.
- 3.2 Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.
- 3.3 If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the designated person for child protection. A clear record of the concern will be completed and referred to social care and/or the Police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm.
- 3.4 If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into, and outcomes recorded.
 - Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.
- 3.5 If a child makes an allegation against a member of staff, all necessary procedures will be followed

4.0 The disposal of clinical waste

- 4.1 Clinical waste associated with bodily functions and body products is bagged by staff and placed in the white bin in the nursery toilet, the white bin in the children's disabled toilet at TV or the grey bin in the children's disabled toilet at BRJS. All bins have yellow waste liners inside.
- 4.2 The caretaker collects any clinical waste and replaces the yellow bin liner.
- 4.3 The yellow bag is securely tied and placed in the refuge bin for collection by Broxtowe Borough Council.

OTHER POLICY DOCUMENTS THAT SUPPORT THIS POLICY FOR INTIMATE CARE

ANTI BULLYING POLICY

- SINGLE EQUALITY POLICY
- USE OF FORCE (PHYSICAL INTERVENTION) POLICY
- SPECIAL EDUCATIONAL NEEDS POLICY

 WHOLE SCHOOL POLICY FOR CHILD PROTECTION AND TO SAFEGUARD AND PROMOTE THE WELFARE OF CHILDREN

THE TRENT RYLANDS INTIMATE CARE PLAN

Name				Male/Female	е			
D.O.B.				Condition				
Class				Allergies/ se	nsitivity			
Pupil's preferred method of communication:								
Pupil's lev	vel of ability:							
Independe	ent			Fully Assiste	ed 1 carer			
Independe	ent /supervised			Fully Assisted 2 carers				
Partially A	ssisted 1 carer			Fully Assisted more than 2 carers				
Procedure	9			•		Nar	ned/trained staff	
						e.g.	1:1 /departmental staff	
Eating and	d drinking	Assistance requi	red at i	mealtimes				
		Supervised at mealtimes						
		Nasal Gastric tub	oe feed					
		Gastrostomy fee	Gastrostomy feed					
		Continuous pum	p feed					
		Periodic pump fo	eed					
		Manual feed						
		Other specialist	feed.					
Airways/s	suction	Oral						
		Tracheotomy						
Medicatio		Epipen						
Emergency		Oral						
Routine		Rectal e.g. diazepam						
		Supervised medication						
		Administered						
		Supervised						
Personal (Care	Rectal procedure	e e.g. e	nema				
		Catheterisation						
		Supervised self of	athete	risation				
		Pad change						
		Menstruation	L . :					
		Assistance with toileting Supervised toileting						
		Supervised toller	ung					
ENVIRONMENT REQUIRED FOR PROCEDURE E.G. Adapted bathroom, Medical room EQUIPMENT REQUIRED FOR PROCEDURE E.G. gloves, toiletries,								
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SAFE SYSTEM OF WORK					
IT IS ASSUMED THAT THE NAMED STAFF FOLLOWING THESE SYSTEMS OF WORK HAVE BEEN TRAINED TO CARRY OUT ALL TECHNIQUES DOCUMENTED					
PROCEDURE 1					
PROCEDURE 2					
PROCEDURE 3					
Date Assessed:					
Assessors Signature Pupil / parent /					
guardians signature					
Proposed review dates:					

Intimate Care Record

Date	Name	Time	Wet/Soiled	Clothes given	Adult Involved	Intimate cleaning involved	Additional comments e.g. adult alone